SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #: Amount Paid:

Refund:

\$75 6-21-16 100 B

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Baylield Co. Zoning Dept

March Name 175	(we) declare that this a am (are) responsible for	Secretarial Stati				Rec'd for Issuance	Municipal Use			☐ Commercial Use			ביים מונים	Special ontial like			Proposed Use	Proposed Construction:	Existing Structure:			-i		- -7	material 📗	Value at Time of Completion * include donated time &	X Non-Shoreland		☐ Shoreland —		Section 8	1/4,	LOCATION Le		Authorized Agent: (Person		Address of Property:	Oceraci do 2
Interest	FAILURE TO spplication (including any accompan the detail and accuracy of all infor	Other: (e	Condition		þ	ance		-						5	-			tion:	(If permit being applied for				Conversion	Addition/Alteration	New Construction	Project			Is Property/Land within 1	Is Property/Land within 3	S				Signing Application on behalf of	11	[Po	Wolski
Phone: Plumber: Phone: Plumber: Re: Agent Mailing Address (include City/State/Zio): Re: Agent Mailing Address (include City/State/Zio): Recorded Document Vol & Page Lot(3) No. Block(5) No. Subdivision: Vear No. Lot (5) No. Subdivision: Vear No. Lot(5) No. Subdivision: Vear No. Lot (5) No. Lot (5) No. Lot (5) No. Vear No. Lot (5) No. Vear No. Lot(5) No. Lot (5) No. Lot (OBTAIN A PERMIT or START ying information) has been exami	xplain)	nal Use: (explain)	se: (explain)		y Building Addition/Al	=	ome (manufactured date	se w/ (□ sanitary, or □	with Attached Gara	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with loft	Structure (first structu	Pr			CAZE			2-Story	1-Story + Loft	1-Story	# of Stories and/or basement		If yes	1000 feet of Lake, Pond o	300 feet of River, Stream			012-72- ot(s) CSM	_		Contractor	Call	1408
CAMIL Cooking & food prep facilities Cooking & food prep fac	ING CONSTRUCTION WITH ned by me (us) and to the best and that it will be relied upon b				2.4%				eeping quarters, <u>or</u>						ack, etc.)	re on property)	oposed Structure	ength:	ength:		8	×		Year Round				11			Now of		N	ţits)			2	20
What Type of swer/Sanitary System is on the property? Cilities Cilities	OUT A PERMIT WILL RESULT of my (our) knowledge and belic y Bayfield County in determinin				(0:			1	cooking									AN IOCII.	Width:	None		H			1 0					nce Structure is from Si			-		illing Address (include Cit		1781.5	Ì
	IN PENALTIES If it is true, correct and complete g whether to issue a permit. I ()				1_	_	(×	×				\ <\ ×	. (×	×	×	~ × >	Dimensic				t Toilet	e (w/service contract)	t) or Vaulted (mi	(Evists) Specify Type:		at Ty anita he pr) *		Lot Size		Recorded Document:				

of authorization must accompany this application) $\int \mathcal{N} \mathcal{L} \mathcal{L}_{i}$ Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Owner(s):

the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter

Address to send permit

0)?(

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170

Date

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary: 🗆 4 Hold For TBA: 🗆 Hold For	Signature of Inspector: Alaman	Condition(s):Town, Committee or Board Conditions Attached?	Date of Inspection: 6-16-16 Inspected	Inspection Record: 3 d Marked:	Was Proposed Building Site Delineated XYes □ No Was Proposed Building Site Delineated XYes □ No	Granted by Variance (B.O.A.) Yes I No Case #:	Is Parcel a Sub-Standard Lot	Permit#: 16-6164	Permit Denied (Date): Reason for Denial:	Issuance Information (County Use Only) Sanitary Number:
Hold For Affidavit: Hold For Fees;		o –(If <u>No</u> tiley need to be attached.)	le s		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) D Yes TNo Ca	No Mitigation Required ☐ Yes No No Mitigation Attached ☐ Yes No	6-21-16		# of bedrooms:
The state of the s	Date of Approval: 2-/7-%		Date of Re-Inspection:	Zoning District (A& /) Lakes Classification ()	r □Yes	Case #:	Affidavit Required ☐ Yes ☐ No Affidavit Attached ☐ Yes ☑ No			Sanitary Date: